

PERFORMANCE MEASUREMENT COMMITTEE NOMINATIONS

The MHSA Performance Measurement Committee

Performance measurement systems are typically developed for the purpose of answering legislative mandates for performance-based accountability. This is true for the Mental Health Services Act (MHSA) performance measurement processes as well. Accountability is one reason to measure performance; other reasons include working toward improving quality and aligning management and administrative practices with quality services, productivity and positive outcomes.

Designing performance measurement systems is a highly complex endeavor that requires numerous decisions about technical issues, such as selection of indicators, assessment tools and other protocols for data collection, as well as information systems/software design and development for data collection, management, analyses and reporting.

The California Department of Mental Health is creating a committee to provide recommendations and input as it develops a comprehensive performance measurement system. This committee is being initiated in response to MHSA performance measurement needs, but will also meet the requirements for a Performance Outcome Committee referenced in Realignment Legislation [Welfare and Institutions Code 5611(a)]. The purpose of this Performance Measurement Committee (PMC) is to inform the performance measurement design, development and implementation for the Mental Health Services Act, and to integrate MHSA performance measurement processes into an overall performance measurement system for mental health system accountability. Responsibilities of the PMC will include:

1. Review of the Mental Health Services Act performance measurement requirements and stakeholder input with regard to performance indicators and outcomes specifically pertinent to the transformational, recovery and wellness missions of the MHSA.
2. Review of quality strategies and frameworks as they inform indicator selection and development, e.g., Institute of Medicine Indicators, The President's New Freedom Commission Report, Quality Chasm Series, etc.
3. Review of performance indicators stipulated in State regulation/national initiatives, and integrate them with MHSA indicators for state and system-wide accountability demonstration (e.g., Realignment Legislation, Decision Support 2000+, and/or Mental Health Statistic Improvement Program domains, etc).
4. Review of indicators currently in State and local use for other accountability and quality improvement needs (Federal Uniform Reporting System requirements, Realignment Legislation mandates, Medi-Cal and HIPAA requirements); Adaptation and reconciliation of these

indicators/measurement approaches where applicable to minimize duplication of data collection efforts.

5. Consolidation of 1 through 4, above in order to inform development of an appropriate set of performance indicators for the MHSA and statewide accountability.
6. Review information technology options that are able to support the various types of information capture necessary to adequately measure the performance indicators of interest.
7. Recommend appropriate methods of measuring performance indicators; determine data capture feasibility and potential level of quality of resulting data for accountability and decision support purposes.
8. Determine and recommend measurement strategies that maximize data collection efficiency and usefulness of resulting data for multiple purposes and multiple stakeholders.

Composition of the Performance Measurement Committee

DMH's goal is to form a diverse committee with relatively equal representation of the regions of California and the specific skills and areas of expertise listed below:

1. Consumer perspective
2. Family member perspective
3. Small County perspective/expertise
4. Large County perspective/expertise
5. Rural County perspective/expertise
6. Urban County perspective/expertise
7. Child /Youth perspective/expertise
8. Transition-Age Youth perspective/expertise
9. Adult perspective/expertise
10. Older Adult perspective/expertise
11. Research /Evaluation/measurement expertise
12. Cultural competence expertise
13. Mental health management/supervisory experience
14. Expertise in Recovery/Wellness philosophy/orientation
15. Mental health services delivery / clinical experience

It is expected that the committee will include providers of mental health services/supports, consumers, family members, measurement experts, and representatives from counties, the California Mental Health Directors Association, the California Mental Health Planning Council, etc.

Potential nominees are encouraged to consider the time commitment and workload associated with committee membership. It is anticipated that monthly meetings and/or conference calls will take place for the first year of indicator and measurement strategy development/ implementation. Meetings will be workgroup oriented, and work products (e.g., documents) may be expected from

committee members as a result of meetings and out-of-meeting assignments. It is important for continuity that nearly all members participate in all meetings and committee assignments.

For consumers and family members, the cost of travel, accommodations, and a per diem for expenses will be supported by DMH. Committee members (other than consumers and family members) will be volunteering their time and associated resources. County representatives may use allocated MHSA funds to support participation on the committee.

Nominations are currently being taken for approximately 20 positions on the Performance Measurement Committee. To nominate someone (or yourself), please complete the Nomination Form (next page) and include a resume. Please limit the resume to a maximum of 3 pages.

Please fax the completed nomination form and resume to: Candace Cross-Drew at (916) 653-5500. All nominations must be received by June 30, 2005.

Each nomination will be carefully reviewed by DMH and approximately 20 nominees will be selected who collectively reflect the needed diversity, regional representation, multiple perspectives and areas of expertise.

NOMINATION FORM
DMH Performance Measurement Committee

1. Your Name: _____

Your Tel#: _____ Your Email: _____

2. Name of Person you are Nominating (It can be yourself):

Tel#: _____ Email: _____

3. Please tell us about the nominee:

County or agency / organization affiliation:

Current job title or capacity within organization:

Is the nominee a Consumer? ☐ Yes ☐ No

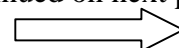
Is the nominee a family member / caregiver of a Consumer? ☐ Yes ☐ No

Please check the following areas of expertise / perspectives as they relate to the nominee.

PLEASE CHECK ALL THAT APPLY.

- ☐ Consumer perspective
- ☐ Family member/caregiver perspective
- ☐ Small County perspective/expertise
- ☐ Large County perspective/expertise
- ☐ Rural County perspective/expertise
- ☐ Urban County perspective/expertise
- ☐ Child /Youth perspective/expertise

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- ☐ Transition - Age Youth perspective/expertise
- ☐ Adult perspective/expertise
- ☐ Older Adult perspective/expertise
- ☐ Research /Evaluation /Measurement expertise
- ☐ Cultural competence expertise
- ☐ Mental health administrative experience, e.g., management
- ☐ Expertise in Recovery/Wellness philosophy / orientation
- ☐ Mental health services delivery / clinical experience

4. Please let us know about any other perspectives and/or areas of expertise that you believe the nominee possesses that would make a significant contribution to the committee.

5. Please provide any additional information about the nominee that you feel might be helpful.

Please remember to include the nominee's resume.

Fax to Candace Cross-Drew at (916) 653-5500 by June 30, 2005.